



RESIDENT GRIEVANCE FORM

Anderson

Name of Resident: <u>Mark Lott</u>	Resident #: <u>984 2762</u>	This area to be completed by Grievance Coordinator	Date Received: <u>1/30/19</u>	Assigned To: <u>Anderson</u>
Date Grievance Submitted: <u>1/25/19</u>	Unit/Wing: <u>5MU HD124</u>		Grievance #: <u>2019020002</u>	Due Date: <u>02/13/19</u>
Date of Incident: <u>1/13/19 - present</u>				

Grievance must be received within 30 days

Grievance is regarding (select one):

Medical <input type="checkbox"/>	Mail, package, property <input type="checkbox"/>	Unfair Treatment/Rights Violation <input checked="" type="checkbox"/>
Staff Conduct <input type="checkbox"/>	Problems with medication <input type="checkbox"/>	Behavior Management Committee Outcome <input type="checkbox"/>
Clinical Care <input type="checkbox"/>	Issues related to SCDC services/facilities <input type="checkbox"/>	Other <input type="checkbox"/>

No Resident shall be retaliated against as a result of filing a grievance PLEASE DO NOT ALTER FORM

Use only this form to give a BRIEF summary of your Grievance: on 1/13/19 Phillip Kidd assaulted me which was the 4th time since I got here. since he has threatened me in front of staff on unit and in his room. Yesterday 1/24/19 while out for shower he threatened me when he got out of shower and was escorted back to his room he threatened me and attempted to get away from officer Washington to jump on me.

Relief Requested: I be moved out of the dorm with him something be done with him inside the unit

Resident Signature: Mark Lott Date: 1/25/19

Signature is required ☐ Resident keeps pink copy - Submit white and yellow copies in Resident Communication Box ☐

INFORMAL ATTEMPT TO RESOLVE: Anderson (Completed By Division Director or Designee)

Staff Response: Mr. Lott, Mr. Kidd's behavior was addressed and appropriate measures taken. Maintain your behavior and regain your level to move out of 5MU. If you know there is an issue encourage you to practice avoidance and continue to protect with your Case Manager Date Received: 1/30/19

Resident's Name: Mark Lott Resident's Signature: Mark Lott Date: 1/31/19

*Accepted ☐ **Not Resolved ☐ *If Resident does not participate in attempt at informal resolution, response will be marked as Accepted by default. If Accepted, Resident keeps yellow copy. **If Not Resolved, staff to forward yellow and white copy to Grievance Coordinator.

Interviewing Staff Name: Michael M... Interviewing Staff Signature: [Signature]

FACILITY ADMINISTRATOR'S RESOLUTION (If not resolved at informal level):

Decision: Upheld ☐ Denied ☒ Date Received: 1/31/2019

MR. LOTT - YOU ARE ASSIGNED TO A SPECIAL MANAGEMENT UNIT FOR YOUR BEHAVIORS WITH ~~AND~~ SIMILAR BEHAVIORS OF OTHERS. YOU NEED TO WORK YOUR WAY OFF OF 5MU. YOU MAY BE PLACED ON PROTECTIVE CUSTODY IF YOU EVEN FEEL THREATENED

Facility Administrator Name: Timothy J. B... Facility Administrator Signature: [Signature]

Date of Facility Administrator Resolution: 2/12/19 Date Returned to Resident by Grievance Coordinator: 2/13/19

CORRECT CARE
RECOVERY SOLUTIONS

RESIDENT GRIEVANCE FORM

Anderson

Name of Resident: <u>Mark Lott</u>	Resident #: <u>984 2762</u>	This area to be completed by Grievance Coordinator 	Date Received: <u>3-19-19</u>	Assigned To: <u>Mark Lott</u>
Date Grievance Submitted: <u>Thurs</u>	Date of Incident: <u>3/12/19</u>		Grievance #: <u>201903005</u>	Due Date: <u>4-02-19</u>

Grievance must be received within 30 days

Grievance is regarding (select one):

- | | | |
|--|---|---|
| Medical <input type="checkbox"/> | Mail, package, property <input type="checkbox"/> | Unfair Treatment/Rights Violation <input checked="" type="checkbox"/> |
| Staff Conduct <input type="checkbox"/> | Problems with medication <input type="checkbox"/> | Behavior Management Committee Outcome <input type="checkbox"/> |
| Clinical Care <input type="checkbox"/> | Issues related to SCDC services/facilities <input type="checkbox"/> | Other <input checked="" type="checkbox"/> |

No Resident shall be retaliated against as a result of filing a grievance

PLEASE DO NOT ALTER FORM

Use only this form to give a BRIEF summary of your Grievance:

Today I was assaulted by Phillip Kidd After he was walking around all morning 7 AM to 11:50 AM threatening to jump on and kill me. This is the 5th time since 2nd 3 He has jumped on me and the second time under wellpath the last being 1/13/19 on my previous grievance I was answered that adequate measure had been taken. I would like something to be done this time and I want wellpath staff held accountable.

Relief Requested: I want staff held accountable and to be rewarded.

Resident Signature: Mark Lott Date: 3/12/19

Signature is required Resident keeps pink copy - Submit white and yellow copies in Resident Communication Box

INFORMAL ATTEMPT TO RESOLVE: ~~Mark Lott~~ (Completed By Division Director or Designee)

Staff Response: Resident Kidd is currently on secure management Date Received: 03-19-19

and cannot be removed. A review will be done prior to any changes and your safety will be taken into consideration.

Resident's Name: Mark Lott Resident's Signature: Mark Lott Date: 3/27/19

*Accepted ☒ **Not Resolved ☐

*If Resident does not participate in attempt at informal resolution, response will be marked as **Accepted** by default. If **Accepted**, Resident keeps yellow copy.
If **Not Resolved, staff to forward yellow and white copy to Grievance Coordinator.

Interviewing Staff Name: Capt Arnold Interviewing Staff Signature:

FACILITY ADMINISTRATOR'S RESOLUTION (If not resolved at informal level):

Decision: Upheld ☐ Denied ☐ Date Received: _____

Facility Administrator Name: _____ Facility Administrator Signature: _____

Date of Facility Administrator Resolution: _____ Date Returned to Resident by Grievance Coordinator: _____

South Carolina Department of Mental Health

STATEMENT OF

NAME: Mark Lott
 ADDRESS: 4546 Broad River Rd Columbia, SC 29210
 SS#: _____
 DOB: 9/14/92
 Made at: Well Path
 This 13th day of March, 2019 Start Time: 11:12 AM End Time: 11:24 AM
 ON 3/12/19 at APPROX 725 AM Phillip Kidd started talking SUNK as usual. Then I was approached by OFFICERS Adamson, Bouldin, Tst Charles and told to watch myself. After I got back from group at 1030 AM Phillip Kidd stated he could kill me if he wanted to even while I'm being protected. This was heard by C/O Bouldin and written up. At 1140 AM to 1150 AM Phillip Kidd walked around the unit threatening to jump on me, calling me out to fight and calling me names like pussyboy, raggot, dick sucker, punk, and making death threats. Heard by and written up by CO Bouldin at 1230 PM during lunch when staff were doing breaks and not looking he punched me in my right jaw. He then got locked down. Leading up to this Approx a month earlier He got charged with threatening to kill me on 1/13/19 He jumped on me No statement was taken END OF STATEMENT ML

I have made the above statement freely, voluntarily, without fear, threat, or promise of reward of any kind. I have re-read or had read to me the above statement consisting of 1 pages, and a true copy has been given to me on this date 3/13/19.

Sworn to and subscribed before me

this 13 day of March

Notary Public for South Carolina

My Commission expires _____

Mark Lott
 Signature of Person Making Statement

[Signature]
 Witness

Witness

That Me being on SMU is a risk to me because though Phillip Kidd is on protective custody the defendants cannot properly assure that I will be granted full safety. Sometimes the wrong doors are popped or staff take him out at the same time as me as has been the case several times since I have been on SMU. The defendants knew of Kidd being a threat and risk to me after the 1st incident and yet they left me on the unit with him and it in turn allowed him a second chance to jump on me as he did. My current issue with that is that the defendants cannot assure me safety when they don't work on the units. This is violating my rights and is putting me at risk. I tried to take the steps of putting in the proper communications forms, grievances, and grievance appeals. I am constantly being told to focus on my behaviors. But this is my life and treatment and that should be taken seriously. This whole situation should be avoided yet I am being subjected to just deal with it. And to me that's not cool and it causes me lots of feelings and emotions. The Plaintiff feels that he is likely to succeed because this puts him at risk. If two times of being jumped on ain't enough, how many more times will it take. If he does get loose by his door accidentally being popped or we do get to be on the unit at the same time for any reason what's to say he don't do it again. The Plaintiff wants assurance of safety and the only way to give him that assurance is to put this injunction that's requested into place. Thus the Plaintiff asserts that it is further right that in accordance to his right it is fair that the court further puts the requested

Injunction into Place. This Plaintiff does assert that Kidd is on protective custody
but does not necessarily guarantee him full safety

I Mark Lott Do Affirm and Declare this under penalty of
Perjury that the foregoing is true and correct.

On this 7th Day of October 2019 In Columbia, South Carolina

Sworn to and Subscribed before me)

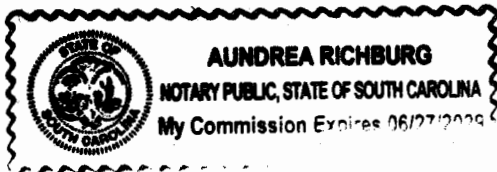
This 31st Day of October 2019)

Aundrea Richburg)

Notary public for South Carolina)

My Commission Expires: 6/27/2020)

Mark Lott
Signed this day 31 OF October
2019



South Carolina SVPTP
Resident Communication Form



Resident Name :

Mark Lott

Date:

3/12/19

Area of Concern or Interest: (Please select one per form)

- ☐ Property (i.e. package request)
- ☒ Treatment
- ☒ Security
- ☐ Programs / Activities
- ☐ Medical Care (requests for care must be submitted on sick call form)
- ☐ Food Service
- ☐ Maintenance
- ☐ Other (specify an area of concern not a specific person):

Chief Anderson

Brief description of concern or issue to be communicated:

I am upset because between 7 AM and 12:30 PM Phillip Kidd walked around the unit threatening me and stated how I was protected by staff and stating he could still kill me. at 10:30 AM Officer Boldin heard it and wrote it up. Between 11:35 AM and 11:50 PM He called me out to fight called me names including pussy boy, punk dick sucker heard by Boldin yet nothing was done. During lunch at 12:30 PM I was arguing with another resident when Phillip Kidd punched me in my jaw. Staff were serving lunch. on A previous request written stated staff will handle these things when they come up. It is never done. something should've been done earlier today

Resident Signature:

Mark Lott

Staff Response:

I will have this looked into.

Staff Name:

Staff Signature:

Date:

3/15/19



RESIDENT GRIEVANCE FORM

For office use only.

Name of Resident: <u>Mark Lott</u>	Resident #: <u>984 2762</u>	Date Received: <u>10/10/19</u>	Assigned To: <u>Dr. Kunkle</u>
Date Grievance Submitted: <u>10/4/19</u>	Unit: <u>SMU 115</u>	Grievance #: <u>2019100016</u>	Due Date: <u>10/24/19</u>

Date of Incident: 10/4/19
Grievance must be received within 30 days

Grievance is regarding (select one):

☐ Medical☐ Clinical Care☐ Mail, package, property☐ Behavior Management Committee Outcome☐ Staff Conduct☒ Unfair Treatment/Rights Violation☐ Issues related to services/facilities☐ Other

No Resident shall be retaliated against as a result of filing a grievance

PLEASE DO NOT ALTER FORM

Use only this form to give a BRIEF summary of your Grievance: I was placed on SMU today because of an disorderly conduct charge. Yet Phillip Kidd is on SMU still and according to an affidavit in my lawsuit Mr Budz stated I am no longer on this unit with him before and by all three of my defendants they didnt know of issues with us prior to him assaulting me. Now I have been placed on the unit with him again and anything is possible to happen you never know what can take place. If I have to stay on SMU longer than BMC whats to say something wont happen to me again.

Relief Requested: I be moved back to my unit do my lock down time and get off when appropriate.Resident's Signature: Mark LottDate: 10/4/19

Signature is required

Resident keeps pink copy - Submit white and yellow copies in Resident Communication Box

INFORMAL ATTEMPT TO RESOLVE:

Date Received: 10/10/19

You are currently both seewed and not allowed in the Day Room at the same time. I also cannot discuss the situation of another resident. Please conform your behavior to the rules to ensure your success in the program.

Division Director's Name: Ch. KunkleDivision Director's Signature: [Signature]Date: 10/10/19☐ *Accepted☒ **Not ResolvedResident's Name: Mark LottResident's Signature: Mark LottDate: 10/10/19

FACILITY ADMINISTRATOR'S RESOLUTION (If not resolved at informal level):

Relief

☐

Upheld

☒

Denied

Date Received: 10/10/19

Requested is:

MR. LOTT - PLEASE FOCUS ON YOUR BEHAVIORS AND ALLOW US TO OPERATE THE FACILITY WHILE USING OUR JUDGMENT WITHIN THE SPACE RESOURCES AVAILABLE. IF YOU DONT WANT TO BE ON SMU, THEN STOP YOUR INAPPROPRIATE BEHAVIORS THAT RESULT IN BEING PLACED ON THE SMU.

Facility Administrator's Signature: [Signature]

Returned to Resident by Grievance Coordinator: _____

GRIEVANCE APPEAL FORM



Name of Resident: <u>Mark Lott</u>	ID#: <u>984 2762</u> Unit/Wing: <u>SMU 115</u>	Date Received Stamp: <u>10/18/19</u> (office use only)
Date of Incident Occurrence: <u>10/4/19</u>	Date Appeal Submitted: <u>10/14/19</u>	RE: Grievance #: <u>2019100016</u>

Use this form only to APPEAL a Grievance. Resident may appeal a grievance if he believes that factual information was not considered or other mitigating circumstances exist that were not previously considered. Appeal must be submitted within 10 days of Resident receiving Grievance response.

DO NOT ALTER FORM

STATE BRIEFLY WHY YOU ARE NOT SATISFIED WITH THE RESOLUTION TO YOUR GRIEVANCE.

I wrote my grievance on the fact I have been placed on the unit with Phillip Kidd who jumped on me 2 times this year and that even though he is locked down there's a chance anything may happen to where our doors open at the same time or whatever. As was the case this morning where I was on PEG since I'm locked down the captain had the staff have him in the shower at that time. I was at risk of harm then. My answer to grievance was that they can discuss another resident and to stop my behaviors but I shouldn't be on the same unit with him as I'm not allowed on unit with Whitlock who jumped on me in the past.

Resident Signature: Mark Lott Date: 10/14/19
(Signature Required) Keep yellow copy - Submit white copy in Resident Communication Box

CORPORATE VP'S RESPONSE: 11/08/19

Date Received: 10/27/19Decision: ☐ Upheld ☒ Denied

Response: I encourage you to improve your disposition and return to general population where the accommodations may better suit your interests

VP's Signature: [Signature] Date: 10/27/19

Date Returned to Resident By Grievance Examiner:

Genna Marx Brisson

President, Operations & Contract Administration
Correct Care Recovery Solutions

Decision of Corporate VP is Final

White: Resident File

Yellow: Resident Receipt

Exhibit
[Signature]

South Carolina SVPTP
Resident Communication Form



Resident Name : Mark Lott

Date: 1/25/19

Area of Concern or Interest: (Please select one per form)

- ☐ Property (i.e. package request)
- ☐ Treatment
- ☒ Security
- ☐ Programs / Activities
- ☐ Medical Care (requests for care must be submitted on sick call form)
- ☐ Food Service
- ☐ Maintenance
- ☐ Other (specify an area of concern not a specific person): _____

Brief description of concern or Issue to be communicated:

Phillip Kidd is still threatening me and trying to jump on me when he comes out for rec and shower as he did yesterday after he showered and had to be physically escorted to his room by officer Washington

Resident Signature: Mark Lott

Staff Response:

Report situations like this to unit staff and they will handle accordingly.

Staff Name: Anderson

Staff Signature: [Signature]

Date: 1/31/19

RESIDENT GRIEVANCE FORM

For office use only.

Name of Resident:	Resident #:	Date Received:	Assigned To:
Date Grievance Submitted:			
Date of Incident:	Unit:	Grievance #:	Due Date:
<i>Grievance must be received within 30 days</i>			

Grievance is regarding (select one):

<input type="checkbox"/> Medical	<input checked="" type="checkbox"/> Clinical Care	<input type="checkbox"/> Mail, package, property	<input type="checkbox"/> Behavior Management Committee Outcome
<input type="checkbox"/> Staff Conduct	<input type="checkbox"/> Unfair Treatment/Rights Violation	<input type="checkbox"/> Issues related to services/facilities	<input type="checkbox"/> Other

No Resident shall be retaliated against as a result of filing a grievance PLEASE DO NOT ALTER FORM

Use only this form to give a BRIEF summary of your Grievance:

I am a staff member at GHS and have been working there since 2010. I was assigned to the night shift from 11 PM to 7 AM. On 1/13/20, I was called out by my supervisor, Mr. [redacted], who told me that I had to work the day shift from 7 AM to 3 PM. I refused because I was already working the night shift and I was tired. He told me that I was being disrespectful and that I was being difficult. He threatened to discipline me if I did not go to work. I went to work but I was not happy. I feel that I was treated unfairly and I want to file a grievance.

Relief Requested: I request that my supervisor be disciplined for his actions and that I be allowed to return to my regular assignment.

Resident's Signature: _____ Date: 1/13/20

Signature is required - Resident keeps pink copy - Submit white and yellow copies in Resident Communication Box

INFORMAL ATTEMPT TO RESOLVE: Date Received: 1/13/20

We discussed the issue and Mr. [redacted] agreed to let me continue working the night shift. However, he still expects me to be perfect and he is very strict. I do not feel comfortable continuing to work under his supervision.

Division Director's Name: Mr. [redacted] Division Director's Signature: _____ Date: 1/13/20

☐ *Accepted ☐ **Not Resolved

Resident's Name: Mark [redacted] Resident's Signature: _____ Date: 1/13/20

FACILITY ADMINISTRATOR'S RESOLUTION (If not resolved at informal level):

Relief Requested is: ☐ Upheld ☐ Denied Date Received: _____

Facility Administrator's Signature: _____ Date Returned to Resident by Grievance Coordinator: _____



GRIEVANCE APPEAL FORM

Name of Resident: <u>Mark Lott</u>	ID#: <u>984 2762</u>	Date Received Stamp: <u>12/17/19</u>
Date of Incident Occurrence: <u>Ongoing</u>	Unit/Wing: <u>SMU 123</u>	RE: Grievance #: <u>2019110030</u>
Date Appeal Submitted: <u>12/13/19</u>		

Use this form to APPEAL a Grievance. Resident may appeal a grievance if he believes that factual information was not considered or other mitigating circumstances exist that was not previously considered. Appeal must be submitted within 10 days of Resident receiving Grievance response.

DO NOT ALTER FORM

STATE BRIEFLY WHY YOU ARE NOT SATISFIED WITH THE RESOLUTION TO YOUR GRIEVANCE.

Being subjected to mental and emotional abuse of another resident is not right. It causes me strong feelings and emotions as well as stress. Also though the resident in question is on protective custody, I should not be subjected to abuse the administration has me being subjected to by having me on the same unit with him after he done jumped on me twice.

Resident Signature: [Signature] Date: 12/13/19

(Signature Required) Keep yellow copy – Submit white copy in Resident Grievance Box

WELLPATH VICE PRESIDENT'S RESPONSE: 1/15/20 Date Received: 1/13/20

Decision: ☐ Upheld ☒ Denied

Response: AGREE WITH ADMINISTRATION.

VP's Signature: [Signature] Date: 1/13/20

Date Returned to Resident by Grievance Examiner: _____

Genna Marx Brisson
Vice President, Operations & Contract Administration
Wellpath Recovery Solutions

Decision of Corporate VP is Final

White: Resident File Yellow: Resident Receipt

For office use only.

Grievance is regarding (select one):


☐ Medical☐ Clinical Care☐ Mail, package, property☐ Behavior Management Committee Outcome☒ Staff Conduct☐ Unfair Treatment/Rights Violation☐ Issues related to services/facilities☐ Other

No Resident shall be retaliated against as a result of filing a grievance

PLEASE DO NOT ALTER FORM

[illegible]

Relief Requested: 1. SLP be sent subject to notification of the Commission and 2. be given the same opportunities be afforded as 2014

Resident's Signature: 

Date: 11/11/2023

Signature is required

Resident keeps pink copy - Submit white and yellow copies in Resident Communication Box

INFORMAL ATTEMPT TO RESOLVE:

Date Received: 11/14/19

the bottom of the container. This is a good idea, as it will
help to keep the soil from getting too dry. Also, you may
want to add some more soil to the container, as you may
have lost some due to your own behavioral patterns and those of the
birds. The birds in your aviary are good in the house. Also, you are not authorized
to take any of the birds.

Division Director's Name: John J. ...

Division Director's Signature: _____

Date: 11/20/2017

☐ *Accepted

☐ **Not Resolved

Resident's Name: ALB K

Resident's Signature: _____

Date: _____

FACILITY ADMINISTRATOR'S RESOLUTION (If not resolved at informal level):

Relief

☐

Upheld

K

Denied

Date Received: 12/12/2012

Requested is:

Requested is: PLEASE EXAMINE IN GROUP YOUR PERCEPTIONS THAT CONTRIBUTE TO MANY CONFLICTS WITH YOUR PEERS.

Facility Administrator's Signature:

Date Returned to Resident by Grievance Coordinator: 12/01/19

HD

South Carolina SVPTP
Resident Communication Form



Resident Name: Mark Lott

Date: 3/31/19

Area of Concern or Interest: (Please select one per form)

☐ Property (i.e. package request)

☐ Treatment

☒ Security

☐ Programs / Activities

☐ Medical Care (requests for care must be submitted on sick call form)

☐ Food Service

☐ Maintenance

☐ Other (specify an area of concern not a specific person): _____

Drunkie

Chief Anderson

Captain Arnold

Brief description of concern or issue to be communicated:

This morning once again Kidd Made a threat to harm me. TST Jines heard it and wrote it up at 7:55 AM. But I am concerned cause your staff lets him out to shower in a regular shower with no handcuffs. He can press the button in his room and sometimes whoever in the control room will open his door. I am a trigger for him and he is a physical threat to me. ~~and~~ I wish you all would understand we have history from SCDC Kirkland which is why ~~to~~ I am a trigger for him. Please move me from around him. I will stay doing right.

Resident Signature: Mark Lott

Staff Response:

We will look into the issue.

Staff Name: [Signature]

Staff Signature: [Signature]

Date: 4/3/19

South Carolina SVTP
Resident Communication Form



Resident Name :

Mark Lett

Date:

3/14/19

Area of Concern or Interest: (Please select one per form)

☐ Property (i.e. package request)☐ Treatment☒ Security☐ Programs / Activities☐ Medical Care (requests for care must be submitted on sick call form)☐ Food Service☐ Maintenance☐ Other (specify an area of concern not a specific person):

Anderson

Brief description of concern or issue to be communicated:

This Morning while serving Chow Officer Dorsey gave Kidd his tray at 6:25 AM and left Kidd's door wide open while he walked to the front of the unit to get Kidd coffee. This put me at risk of being assaulted again. When me and another resident let him know he shouldn't do it He was rude saying we need to mind our business and let him do what hes gonna do.

Resident Signature:

Mark Lett

Staff Response:

Thank you for the information

Staff Name:

A. L. L.

Staff Signature:

A. L. L.

Date:

3/15/19

CORRECT CARE
FACILITY SERVICES

SOUTH CAROLINA SVPTP

Witness Statement

Resident Name:

Mark Lott

SVPTP#

984 2762

1. Witness

☒ Staff Member name & Title:

TST Carter

☒ Other Individual name:

Officer Whetstone

☐ Resident Name:

SVPTP#:

2. Resident Refusal:

The witness voluntarily refused to provide a written statement to the investigation Officer and the following signature(s) attests to that fact:

Witness Signature:

Date:

Signature of Investigating Officer:

Date:

3. Witness Statement:

on 4/1/19 at Approx 4:20 PM Kidd called my name multiple times in front of TST Carter. When I ignored him Kidd said that's why he beats my ass cause I be picking on him. At 4:31 PM to 4:34 PM Kidd Hollered out his door he was gonna beat my ass everytime he came out and get locked down. TST Carter and Officer Whetstone heard him. I asked them to document it. They said they didn't hear it and didn't have time for it. I am scared and want something to be done

Witness Signature

Mark Lott

Date

4/1/19

Signature of Staff Member

Date

Legibly Print Name ()

CORRECT CARE
RECOVERY SERVICES

SOUTH CAROLINA SVPTP

Witness Statement

Resident Name: Mark Lott SVPTP# 984 2762

1. Witness

o Staff Member name & Title: Officer Crosso ☒ Other Individual name: TST Bass

o Resident Name: _____ SVPTP #: _____

2. Resident Refusal:

The witness voluntarily refused to provide a written statement to the investigation Officer and the following signature(s) attests to that fact:

Witness Signature: _____

Date: _____

Signature of Investigating Officer: _____

Date: _____

3. Witness Statement:

on 4/6/19 at 6 AM Housing control opened all SMU doors including the isolation room in which Phillip Kidd is housed. It took 3 minutes to get that door locked back. It is an issue because Kidd has jumped on me twice. I requested a witness statement and communication form to write it up. Officer Cross stated he could not give it to me. I then requested to speak to the captain which he said he could not do. I then walked to the sallet Port where the captain came and saw me. I needed to talk to someone to avoid cursing staff or getting in worse trouble.

Also Mr Cross got very nasty with me when I was on the phone. He banged the tray on the trash can beside me where I could hear. I asked him was it necessary cause it was disrespectful. He said yes it part of his job. I didn't like it do MV facking Paperwork. I said I will I can do that real bad.

Witness Signature: Mark LottDate 4/6/19

Signature of Staff Member _____

Date _____

Legibly Print Name ()

South Carolina SVPTP
Resident Communication Form



Resident Name:

Mark Lott

Date:

4/2/19

Area of Concern or Interest: (Please select one per form)

☐ Property (i.e. package request)☒ Treatment☐ Security☐ Programs / Activities☐ Medical Care (requests for care must be submitted on sick call form)☐ Food Service☐ Maintenance☐ Other (specify an area of concern not a specific person):

Dr Kunkle

Brief description of concern or issue to be communicated:

I feel it is imperative that I get out of SMU. I need separation from Kidd. But I feel since I too have been doing well I should be given a chance on the unit since I have been staying out of trouble. I attend groups and participate, I am taking my shot can I go to A unit too. I have never been given that chance before like others who are already going back for a second time. Also can I still go to Blue Ridge. I would appreciate not going to midlands if I can help it. But will if I absolutely have to. Please give me a chance

Resident Signature:

Mark Lott

Staff Response:

You were given a date to be moved and committed another infraction. At this time you will remain on SMC until for a maximum of 6/24/19. You have been offered. Protective Management and declined.

Staff Name:

Staff Signature:

Date:

4/3/19

South Carolina SVPTP

Resident Communication Form



Resident Name :

Mark Lott

Date:

4/1/19

Area of Concern or Interest: (Please select one per form)

- ☐ Property (i.e. package request) Dr Kunkle
- ☒ Treatment
- ☐ Security
- ☐ Programs / Activities
- ☐ Medical Care (requests for care must be submitted on sick call form)
- ☐ Food Service
- ☐ Maintenance
- ☐ Other (specify an area of concern not a specific person):

Brief description of concern or issue to be communicated:

Being I am doing what we discussed by staying out of trouble, taking my shot, and participating in treatment/group IF I give you a period of more time can I be moved to the dorm to finish my time so I can be away from Kidd. I will continue to do right and what I am supposed to do. Please give me a chance at this. What date could this be possible? I want to move away from Kidd Please Move Me.

HANKS

Resident Signature:

Mark Lott

Staff Response:

SEE Response on 4/3/19

Staff Name:

A stylized, handwritten signature of the staff member.

Staff Signature:

Date:

South Carolina SVPTP
Resident Communication Form



Resident Name: Mark Lott

Date: 4/1/19

Area of Concern or Interest: (Please select one per form)

- ☐ Property (i.e. package request)
- ☐ Treatment
- ☒ Security *Captain Arnold*
Dr Kunkle
- ☐ Programs / Activities
- ☐ Medical Care (requests for care must be submitted on sick call form)
- ☐ Food Service
- ☐ Maintenance
- ☐ Other (specify an area of concern not a specific person): _____

Brief description of concern or issue to be communicated:

At 4:20 PM Kidd called my name, I ignored him and he said that's why he beat my ass cause I be picking on him. At 4:31^{PM} while playing cards he yelled under his door 10 times he was gonna jump on me and beat my ass everytime he gets a chance. He yelled it until 4:34 PM Officer Whetstone and TST Carter heard it and refused to document it and said they don't have time for that today. I am scared and want something to be done

Resident Signature: Mark Lott

Staff Response:

SEE Response on 4/3/19

Staff Name: _____

Staff Signature: _____

Date: _____

①

• on 1/13/19 Phillip Kidd Assaulted Me for no reason. 1/25/19 I filed a grievance and communication form about it and wanted to be separated from him on 1/31/19 I got my request back saying report situations to staff who will handle them. on 1/31/19 I got my grievance back saying Kidds behavior had been addressed and adequate measures taken and to get my level and get out of smu. I checked not resolved and it went to Mr Budz who said I am assigned to smu for behaviors and need to work my way off smu and that I could be offered protective custody. Phillip Kidd has a history of assaulted people and has been doing it since he has been in the program. I have been in this program since 2/19/13 and he has assaulted me 5 times now. I have been subjected to physical, mental and emotional pain.

- Approx 2/17/19 He got a write up for threatening to kill me
- on 3/9/19 655 PM Kidd made remarks towards me written up by officer Jones
- 3/12/19 10:30 AM stated he could kill me if he wanted to heard by officer Bouldin
- 3/12/19 11:40 AM - 11:50 AM Kidd walked around the unit threatening to kill me. calling me out to fight and making death threats to me heard by officer Bouldin
- 3/12/19 12:30 PM during chow when staff wasn't looking Kidd assaulted me broke up by a resident.
- 3/13/19 Pso Williams came and took my statement
- 3/12/19 wrote Chief Anderson about the incident answered on 3/15/19 He wrote it will be looked into
- 3/14/19 wrote a request about Kidd door being left open.
- 3/31/19 wrote a request because Kidd said he was gonna beat my ass and was heard by TST guines, officer Bouldin and TST osita written up by guines

(2)

- on 3/12/19 filed a grievance because I had ~~let~~ again been assaulted by Kidd. on 3/27/19 got a answer stating Kidd is on SMS and cannot harm you and prior to any charges my safety would be taken into consideration
- 4/1/19 4:20 pm Kidd called my name when I didn't answer he said that's why he beat my ass cause I Be picking on him I wrote a witness statement. Staff did nothing
- 4/1/19 4:31-4:34 pm Kidd Halted 10 times under his door he would beat my ass every time he had a chance heard by Officer Whetstone and TST Carter who refused to write it up
- 4/3/19 8:20 AM Kidd stated when he came out he was gonna bust me in my mouth heard by TST Lowrey
- 4/3/19 8:21 AM Kidd stated no one could stop him or do anything about it. Heard by TST Lowrey and written up
- 4/3/19 1:40 PM Kidd taken out of his room and Made to sit on millue in handcuffs while his room was cleaned by officer Thomas
- 4/3/19 Chief Jared Anderson called me in the office at 4:40 PM to offer me Protective custody from Kidd. I denied because Kidd is locked down
- 4/6/19 the officer in the control room opened all doors at 6 AM including Kidd's and didn't say his door was open when it was not supposed to have been and it didn't get locked back until 6:30 AM

SOUTH CAROLINA SVPTP
Witness StatementCORRECT CARE
RESIDENT SERVICESResident Name: Mark Lott SVPTP# 984/2762

1. Witness

☒ Staff Member name & Title: Officer Bouldin☐ Other Individual name: _____☐ Resident Name: _____ SVPTP #: _____

2. Resident Refusal:

The witness voluntarily refused to provide a written statement to the investigation Officer and the following signature(s) attests to that fact:

Witness Signature: _____ Date: _____

Signature of Investigating Officer: _____ Date: _____

3. Witness Statement:

Today at 8:35 AM officer Robinson and Officer Bouldin opened Kidd's door to get him a shower. He was handcuffed and allowed to walk to the shower by me unescorted. Mr Bouldin sat and waited at the table. When Kidd finished at 8:45 AM he was re handcuffed and escorted to his room. As he walked by he said look at the little baby. And he talked junk to me all the way to his room. Heard by other residents and Mr Bouldin. My thing is he is supposed to shower in the lock up shower. What if he would have jumped on me. I could not go to my room because doors have to stay locked at all times now.

Witness Signature _____ Date 4/19/19

Signature of Staff Member _____ Date _____

Legibly Print Name { _____ }

South Carolina SVPTP
Resident Communication Form



Resident Name: Mark Cott

Date: 4/23/19

Area of Concern or Interest: (Please select one per form)

- ☐ Property (i.e. package request) Chief Anderson
- ☐ Treatment
- ☒ Security
- ☐ Programs / Activities
- ☐ Medical Care (requests for care must be submitted on sick call form)
- ☐ Food Service
- ☐ Maintenance
- ☐ Other (specify an area of concern not a specific person): _____

Brief description of concern or issue to be communicated:

I am writing to ask if before Phillip Kidd is taken off SMS in the unit if my safety is going to be taken into consideration and we be possibly be moved so it won't happen again? I am trying to avoid paperwork/lawsuits all I want is to be separated from him will you please work with me and help me.

Resident Signature: Mark Cott

Staff Response:

Your situation will be reviewed

Staff Name: Anderson

Staff Signature: [Signature]

Date: 4/24/19

urgent

South Carolina SVPTP
Resident Communication Form



submitted
Date: 10/4/19

Resident Name:

Mark Lott

Area of Concern or Interest: (Please select one per form)

- ☐ Property (i.e. package request)
- ☒ Treatment
- ☒ Security
- ☐ Programs / Activities
- ☐ Medical Care (requests for care must be submitted on sick call form)
- ☐ Food Service
- ☐ Maintenance
- ☒ Other (specify an area of concern not a specific person):

Dr Kunkie
Chief Anderson
Mr Budz

Brief description of concern or issue to be communicated:

I am writing to my having been put on smu. I first do not agree with this decision because me and Sanders were not fighting. We had a disagreement. And we are over here and locked down. Second I have an active lawsuit against you all and in it was stated me and Kidd were on separate housing units and would remain on separate units. I had a separate order from Whitak why don't I have one from Kidd. This is not fair and I feel you all are disregarding my right as stated in my case. I understand he is locked down currently but it is still lack of regard.

Resident Signature:

Mark Lott

Staff Response:

You are on smu due to your conduct. This will be reviewed at BALC.

Staff Name:

Staff Signature:

Date:

10/8/19

Exhibit

12/2018

1

South Carolina SVPTP
Resident Communication Form



RJ

Resident Name: Mark LoftDate: 11/16/19

Area of Concern or Interest: (Please select one per form)

☐ Property (i.e. package request)☒ Treatment☒ Security☐ Programs / Activities☐ Medical Care (requests for care must be submitted on sick call form)☐ Food Service☐ Maintenance☒ Other (specify an area of concern not a specific person):

Chief Jared Anderson
Dr Chris Kunkle
MR. Timothy Bucz

Brief description of concern or issue to be communicated:

I am writing cause again today Phillip Kidd yelled out his door and threatened to kill me, was heard by officer Boulwin and written up. I am still being subjected to mental and emotional abuse by him at the hands of you all.

Resident Signature: 

Staff Response:

WE ARE AWARE OF THIS INCIDENT. AS YOU KNOW THE RESIDENT IN QUESTION IS ON SECURE STATUS. YOU HAVE REMAINED ON SINCE DUE TO YOUR OWN PATTERN OF CHRONIC MISCONDUCT. YOU ARE ALSO AWARE THAT YOU ARE TO STAY OUT OF THE RESTRICTED AREA SINCE AND YOU HAVE ALSO DECLINED ALL OFFERS OF PROTECTIVE MANAGEMENT STATUS.

Staff Name: _____

Staff Signature: Date: 11/19/19

South Carolina SVPTP
Resident Communication Form



Resident Name: Mark Lott

Date: 11/16/19

Area of Concern or Interest: (Please select one per form)

- ☐ Property (i.e. package request)
- ☒ Treatment Dr Kunkle
- ☒ Security Chief Anderson
- ☐ Programs / Activities Timothy Budz
- ☐ Medical Care (requests for care must be submitted on sick call form)
- ☐ Food Service
- ☐ Maintenance
- ☒ Other (specify an area of concern not a specific person): _____

Brief description of concern or issue to be communicated:

tonight while I was playing cards and Phillip Kidd yelled out his door that he was gonna kill me heard by officers Cannon and Helward. I don't know if it was written up.

Resident Signature: [Signature]

Staff Response:

See attached.

Staff Name: [Signature]

Staff Signature: [Signature]

Date: 11/19/19

2.1 Disclosure Group Coping Log

wellpoint

Name: Mark Lott

Date: 1/1/20

1. Tell us - "What Happened?"

today the resident I don't supposed to be out with who has been locked down. I had anxiety real bad and my blood pressure was up. Administration told me before he came out they would make changes with me. I got laughed at by others who didn't care and had to stay in my room and have select other residents would me to make sure he didn't jump on me.

2. What were your thoughts about it?

This is bull/shit,
The administration ain't holding their end or what they say

3. How did you feel about it?

ANXIOUS, Scared, Nervous, Tired, Angry,

4. Why is this a problem with what happened (it could be a situation, stress, an emotion, and/or thoughts)?

Because he has jumped in past all threatened he'd do it again when he could and they let him out at the same time as me

5. How did you try to solve the issue and any accompanying emotions?

I stayed in my room or near staff or select other residents if I came to my door or out.

6. What did you want to have happen?

Avoid getting jumped on and/or in trouble



2.1 Disclosure Group Coping Log



Name: Mark Lett

Date: 3/13/19

1. Tell us - "What Happened?"

A resident was walking around threatening me that he was gonna jump on me and that no staff could protect me. Staff tried to protect me, until breaks started. During show when they wasn't paying attention, he hit me.

2. What were your thoughts about it?

They shouldn't have allowed him to continue walking around threatening me after the 1st time staff are at fault cause they knew he had a violent history

3. How did you feel about it?

Angry, Frustrated, Hurt, Mad and embarrassed,

4. Why is this a problem with what happened (it could be a situation, stress, an emotion, and/or thoughts)?

Because I was stressing about it happening and knew it eventually would and was upset when it happened

5. How did you try to solve the issue and any accompanying emotions?

After it happened I calmed down and talked to staff

6. What did you want to have happen?

The staff to lock him down before it happened

2.1 Disclosure Group Coping Log



Name: Mark left

Date: 4/6/19

1. Tell us - "What Happened?"

When the control room opened SNU's door the isolation room was opened. The resident who had jumped on me was in it. I was opened 3 minutes. When I asked for communication terms and witness statements the staff said he couldn't do it. So I then asked to speak to the captain and the staff said he couldn't do it. So I said I would get him over here and went to the supply room until he came.

2. What were your thoughts about it?

Why must it always be something? They only doing it cause its me
What good is he, a piece of shit.
I will show you
who ~~are~~ think they are talking to.

3. How did you feel about it?

Angry, upset, hurt, frustrated, concerned,

4. Why is this a problem with what happened (it could be a situation, stress, an emotion, and/or thoughts)?

Because I don't want to be jumped on. I was already upset because it is not be addressed as is.

5. How did you try to solve the issue and any accompanying emotions?

I have filed communication terms, grievances and witness statements. I have talked about it with case managers in care and administration.

6. What did you want to have happen?

I want to be moved away from him. Staff be held accountable for his door being opened when it shouldn't have been.

South Carolina SVPTP
Resident Communication Form

Resident Name:

Mark Lott

Date:

1/1/20

Area of Concern or Interest: (Please select one per form)

- ☐ Property (i.e. package request)
- ☒ Treatment
- ☒ Security
- ☐ Programs / Activities
- ☐ Medical Care (requests for care must be submitted on sick call form)
- ☐ Food Service
- ☐ Maintenance
- ☒ Other (specify an area of concern not a specific person):

Dr Kunkle
Chief Anderson
MR Budz

1st copy

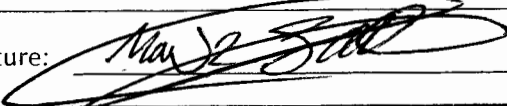
Placed
in Box
on
1/1/20

Brief description of concern or issue to be communicated:

This morning staff let Phillip Kidd who is on PC come out at 9:25 AM and stay out until after 3. with everyone else and walk around. I was out and he ain't supposed to even be out. I had to endure everyone making fun of and laugh at me, while I am in my room hiding and crying cause its funny. He is not only on PC but he is a threat to me and they just let him out to walk around. You all said on paper and to the court this wouldn't happen, yet it is. I was told in writing before his status changed I would be notified and appropriate measures and placements taken and now it ain't. If he is allowed to come out when he wants to, can I move back to the unit to prevent being jumped on?

THANKS

Resident Signature:

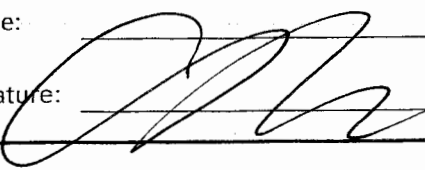


Staff Response:

This request is moot. You were moved to new beds. Since it was sent and have previously reported the incident.

Staff Name:

Staff Signature:



Date:

1/13/20

South Carolina SVPTP

Resident Communication Form

Resident Name:

Mark Lott

Date:

1/12/20

Area of Concern or Interest: (Please select one per form)

☐

Property (i.e. package request)

☒

Treatment

☐

Security

☐

Programs / Activities

☐

Medical Care (requests for care must be submitted on sick call form)

☐

Food Service

☐

Maintenance

☐

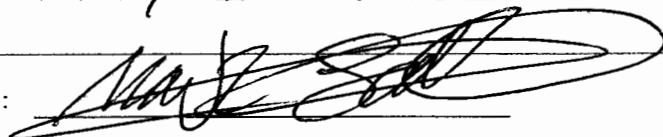
Other (specify an area of concern not a specific person):

Dr Kunkle

Brief description of concern or issue to be communicated:

I want to know if I am gonna be moved before Kidd comes off PC. He asked yesterday and was let out then Chief told the captain he had to request PC to be lifted. Now he has requested to Mr Budz. I know that others who have been on lock up for fighting or assaults were separated before either came off. Please move me before he comes off. I'll stay out of trouble.

Resident Signature:

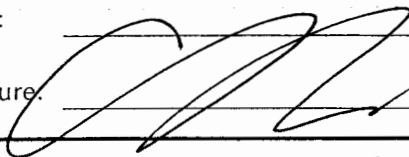


Staff Response:

You are moved to island since this was sent.
Request is now met.

Staff Name:

Staff Signature:



Date:

1/13/20

South Carolina SVPTP
Resident Communication Form

Resident Name:

Mark Lott

Date:

12/25/19

Area of Concern or Interest: (Please select one per form)

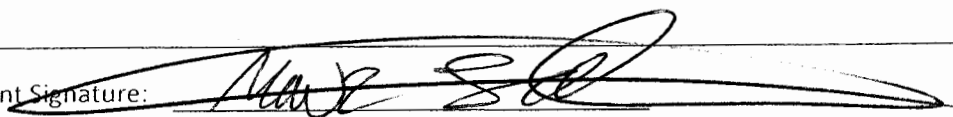
- ☐ Property (i.e. package request)
- ☒ Treatment
- ☒ Security
- ☐ Programs / Activities
- ☐ Medical Care (requests for care must be submitted on sick call form)
- ☐ Food Service
- ☐ Maintenance
- ☐ Other (specify an area of concern not a specific person):

Chief Anderson
Timothy Budz
Dr Kunkle

Brief description of concern or issue to be communicated:

At 3:05 PM While TST Brock was at Kidd's door doing the PAM Kidd screamed IM gonna Kill you Mark Lott. This wasn't written up. I was playing cards. TST Brock said he wrote it in the PAM that Kidd made the statement.

Resident Signature:

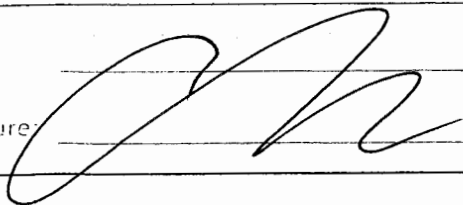


Staff Response:

Thank you for the information

Staff Name:

Staff Signature:



Date:

1/13/20

South Carolina SVPTP
Resident Communication Form

Resident Name:

Mark Lott

Date:

12/26/19

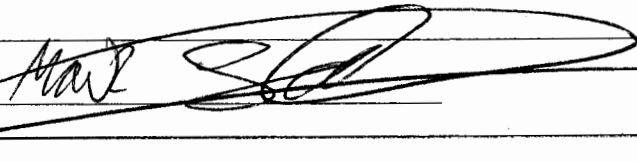
Area of Concern or Interest: (Please select one per form)

- ☐ Property (i.e. package request)
- ☒ Treatment **Chief Anderson**
- ☒ Security **Dr Kunkle**
- ☐ Programs / Activities **Mr Budz**
- ☐ Medical Care (requests for care must be submitted on sick call form)
- ☐ Food Service
- ☐ Maintenance
- ☐ Other (specify an area of concern not a specific person):

Brief description of concern or issue to be communicated:

At 6:56 AM today Kidd screamed out his door he was gonna kill me, Heard by ~~Rob~~ Robinson the RTA on 3rd and Officer Miller on 3rd I was at the front of unit. Not written up.

Resident Signature:



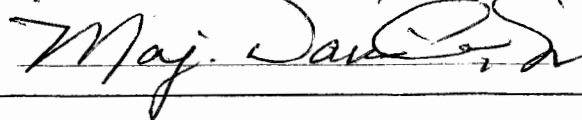
Staff Response:

Thank you for informing me. Please be aware that this normal behavior for Resident Kidd. Staff will be made aware of your concern and will take the normal precautions used to protect all residents.

Staff Name:

B. Davidson, Sr

Staff Signature:



Date: 12-31-19

NT

South Carolina SVPTP
Resident Communication Form

well

Resident Name :

Mark Loft

Date:

12/3/19

Area of Concern or Interest: (Please select one per form)

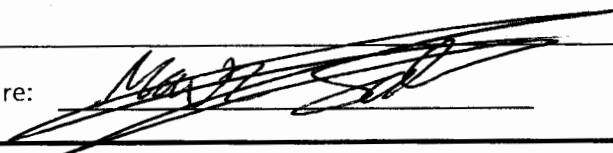
- ☐ Property (i.e. package request)
☒ Treatment
☒ Security
☐ Programs / Activities
☐ Medical Care (requests for care must be submitted on sick call form)
☐ Food Service
☐ Maintenance
☒ Other (specify an area of concern not a specific person):

Dr Kunkle
Mr Bud Z
Chief Anderson
Mr Davidson

Brief description of concern or issue to be communicated:

At 5:37 PM Kidd kicked on the door and Officer Pills went to his door. He told officer Pills He was gonna kill me. then said again I am gonna try to kill the Motherfucker when I catch him. This is part of an continuing cycle of threatening behavior towards me. Patrick Guess was down there and heard it. I am tired of the mental and emotional abuse I have to endure with him and his threats.

Resident Signature:

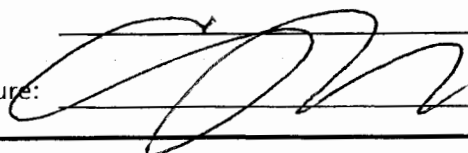


Staff Response:

As you were above the referenced Resident remain on Secure status and you did not hear the threats yourself. You remain housed on same due to your own misconduct.

Staff Name:

Staff Signature:



Date:

12/4/19

HD

South Carolina SVPTP
Resident Communication Form

well

Resident Name: Mark LottDate: 12/3/19

Area of Concern or Interest: (Please select one per form)

- ☐ Property (i.e. package request) Chief Anderson
- ☒ Treatment Mr Budz
- ☒ Security Dr Kunkle
- ☐ Programs / Activities
- ☐ Medical Care (requests for care must be submitted on sick call form)
- ☐ Food Service
- ☐ Maintenance
- ☒ Other (specify an area of concern not a specific person): _____

Brief description of concern or issue to be communicated:

At 9:43 AM Officer Robinson let Phillip Kidd out for rec without handcuffs on while he was on the unit. 10:30 AM he was brought back in without handcuffs.

Resident Signature: [Signature]

Staff Response:

Please follow written guidelines.

Staff Name: [Signature]Staff Signature: [Signature]Date: 12/3/19

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

NA

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

NA

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

I wrote May communication forms and witness statements of all instances of threats, harrM and staff failure to prevent incident

(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

VIII. Previous Lawsuits

The "three strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury." 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this "three strikes rule"?

☐ Yes
☒ No

If so, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

N/A

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☒ Yes

☐ No

B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)

1. Parties to the previous lawsuit

Plaintiff(s)

Mark Lett 2762

Defendant(s)

Timothy Budz et al

2. Court (if federal court, name the district; if state court, name the county and State)

District of South Carolina

3. Docket or index number

6:19-cv-01087-RMG-KFM

4. Name of Judge assigned to your case

Kevin McDonald

5. Approximate date of filing lawsuit

April 12, 2019

6. Is the case still pending?

☐ Yes

☒ No

If no, give the approximate date of disposition. _____

7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)
- _____
- _____

- C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

☒ Yes

☐ No

- D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)

1. Parties to the previous lawsuit

Plaintiff(s) Mark K Lott

Defendant(s) Robert Scott B Furbeville Correctional Institution

2. Court (if federal court, name the district; if state court, name the county and State)

District of South Carolina Charleston Division

3. Docket or index number

2012-CV-02471-DCN

4. Name of Judge assigned to your case

David E. Norton

5. Approximate date of filing lawsuit

August 22, 2012

6. Is the case still pending?

☐ Yes

☒ No

If no, give the approximate date of disposition. August 21, 2014

7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

judgment in my favor \$500

IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: May 3, 2020

Signature of Plaintiff

Printed Name of Plaintiff

Prison Identification #

Prison Address

City

State

Zip Code

B. For Attorneys

Date of signing: _____, 20__.

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm